



To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

|  |  |                  |  |  |            |
|--|--|------------------|--|--|------------|
| <b>1. YOUR INFORMATION</b>   |  |                  | <b>2. WHO IS YOUR COMPLAINT AGAINST?</b>   |  |            |
| Mr.      Mrs.      Miss      Ms.      Dr.<br>Name _____<br>Address _____<br>City _____ State _____<br>ZIP _____ County _____<br>Age      18-24      25-34      35-44      45-54      55-64      65+<br>Phone (     ) _____ Day<br>(     ) _____ Evening<br>E-mail _____                  |  |                  | Name/Firm _____<br>_____<br>Address _____<br>_____<br>City _____ State _____<br>ZIP _____ County _____<br>Phone (     ) _____<br>E-mail _____<br>Person you dealt with _____   |  |            |
| <b>3. WHEN DID TRANSACTION/INCIDENT OCCUR?</b>   |  |                  | Date   | Time   | AM      PM |
| <b>4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)</b>   |  |                  |  |  |            |
| <input type="checkbox"/> At the firm's place of business<br><input type="checkbox"/> My home<br><input type="checkbox"/> Away from the firm's place of business (work, convention, etc.)<br><input type="checkbox"/> Other _____   |  |                  | <input type="checkbox"/> By Mail<br><input type="checkbox"/> By Internet/e-mail<br><input type="checkbox"/> By telephone   |  |            |
| <b>5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?</b>  |  |                  |  |  |            |
| <input type="checkbox"/> I telephoned the firm<br><input type="checkbox"/> I responded to a TV/radio ad<br><input type="checkbox"/> A person came to my home<br><input type="checkbox"/> I received information by e-mail<br><input type="checkbox"/> I received information in the mail |  |                  | <input type="checkbox"/> I went to the firm's place of business<br><input type="checkbox"/> I received a telephone call from the firm<br><input type="checkbox"/> I responded to an offer on the Internet<br><input type="checkbox"/> I responded to a printed advertisement<br><input type="checkbox"/> Other _____ |  |            |
| <b>6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC?</b>  |  |                  | <b>7. WHAT WAS THE TRANSACTION FOR?</b>  |  |            |
| The nature and status of your complaint and the name of the firm?  |  | Yes              | No   | <input type="checkbox"/> My business<br><input type="checkbox"/> My family/household<br><input type="checkbox"/> My farm |            |
| Your name?   |  | Yes              | No   |  |            |
| Your phone number?   |  | Yes              | No   |  |            |
| <b>8. HOW DID YOU PAY?</b>   |  |                  |  |  |            |
| Cash   |  | Credit Card      |  | Medicaid   |            |
| Check  |  | Installment Loan |  | Private Insurance  |            |
|  |  | Medicare         |  | Other _____  |            |
| <b>9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.</b>   |  |                  |  |  |            |
|  |  |                  |  | Yes  | No         |

For Office Use Only:

| Ind | Prac | PL | MO | NL | NJ | OA: | Inv. | Sec | File # |
|-----|------|----|----|----|----|-----|------|-----|--------|
|     |      |    |    |    |    |     |      |     |        |

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